

City of Memphis



MEDICAL APPOINTMENT FORM

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone No.: _____

This is to certify that: _____

Had an appointment on _____ at _____
(Date of Appointment) (Time of Appointment)

It is/was medically necessary for this individual to be absent for the entire day: Yes or No

Doctor's Signature

Date:

Pursuant to PM 46-03, an employee may use sick leave for physicians and dentist appointments that are scheduled and approved in advance. Generally, routine medical and dental appointments should not require an entire day absence. This optional form may be used if the employee is unable to be return to work after the appointment for medical reasons or is unable to work up until the time of the medical appointment.